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## JUNIOR AFFILIATION LIST

TEAM NAME \_\_\_\_\_

	SURNAME	GIVEN NAME
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**This form shall be submitted on JANUARY 15<sup>th</sup> (by 5pm) only.** All the required Affiliation Agreements, signed by all necessary parties, shall also be submitted at this time. Affiliation Agreements for any players used before January 15<sup>th</sup> must be submitted prior to their participation with the affiliate team. Players are to be listed in alphabetical order.

HOCKEY MANITOBA APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_